



OMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

| Kerri L. Prescott | Member of: ☐ House ☐ Senate |
|---|---|
| Mailing address | District |
| 12 Eider Lare City, zip code | LO LO |
| Topshan ME 04086 | Phone 841-1181 |
| PART 1. INCOME DERIVED FROM EMPLO | ##################################### |
| List the name and address of each employer from whom you receive principal type of economic activity of each employer. | d compensation of \$1,000 or more. Specify the |
| Name of Employer Address | Principal Type of Economic- Activity of Employer |
| Harpsweel Ree Dept Harpswee | , ME Recanon |
| | |
| | |
| PART 2. INCOME DERIVED FROM SEI (For Legislators who are self-er | 1 4 7 M GRETTERS TO 11 11 TO 27 JAN 1 40 TO 12 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| A. List the name and address of your business, if any, and list the r derived income. If associated with a partnership, firm, professional assareas of economic activity of that entity. | najor areas of economic activity from which you sociation, or similar business entity, list the major |
| (s | Major Areas of Economic Economic Activity elf) (partnership, association or similar business entity) |
| Name: Rest Zone Design Design Design Address: 63B Elm St. Topsham, ME 468 | in knice) |
| Address: 630 Em St. 1905ham, ME 4608 | |
| Name: | |
| Address: | |
| | |

| PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e | |
|---|--|
| B. List each source of income derived from self-employment that represents is greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional ethe entity or person from whom the income was derived. | more than 10% of your gross income or \$1,000, whichever person from whom you derived such income. If this form of thics, specify only the principal type of economic activity of |
| Name and Address of Source | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income |
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| PART 3. MAJOR AREAS O | |
| (For Legislators who are attorneys List your major areas of practice. If associated with a law firm, list the major a | |
| | Major Areas of Practice Major Areas of Practice |
| Name and Address of Firm | (self) (firm) |
| Name: | |
| Address: | A Committee of the Comm |
| Name: | |
| Address: | |
| PART 4. OTHER SOURCES | OF INCOME |
| List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the | |
| None | |
| | Kind of Income |
| Name and Address of Source | (investments, leases, etc.) |
| Name: | |
| Address: | |
| Name: | |
| Address: | |
| PART 5. REPORTABLE L | IÅBILITIES |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list loans from a relative. | |
| None | |
| Name and Address of Creditor | Principal Type of Economic |
| | Activity of Creditor |
| Name: | |
| Address: | |
| Name: | |
| Address: . | |
| PART 6. REPORTABLE | GFTS |
| List the specific source of each gift of more than \$300. Include gifts with an a | ggregate value of more than \$300 from a single source. If |
| none check the box | The state of the second |
| Name of Source of Gift | Name of Source of Gift |
| name or Source of Gift 1. 3. | Name of Source of Oilt |
| | The control of the co |
| 2. 4. | • |

| PART 7. | REPORTABLE HON | ORARIA | - 25. - 25. | |
|--|--|--|--|--|
| List the source of any honoraria accepted for appearance | es or speeches related f | o your official | duties. If none, check | the box. |
| None | | | | William Total Committee of the Committee |
| Name of Source of Honoraria | Andrewson and a continuous of the second sec | Name | of Source of Honorar | |
| 1. | 3. | | | |
| 2. | 4. | | ere er V = ark 2000 to salmen som er er vysterfär elle i Indick i Anklika och som er er er vysterfär elle i Indick i Anklika och som er er vysterfär elle i Indick i Anklika och som er er vysterfär elle i Indick i Anklika och som er er vysterfär elle i Indick i Anklika och som er er vysterfär elle i Indick i Anklika och som er er vysterfär elle i Indick i Anklika och som er vysterfär elle i Indick i Anklika och som er vysterfär elle i Indick i Anklika och som er vysterfär elle i Indick | ###################################### |
| PART & REDDESE | NTATION BEFORE | STATE AGE | NAIFS | |
| List each executive branch agency before which you re | | | | unt. If none check |
| ine dox. | MANAGEMENT OF THE STATE OF THE | The state of the s | | The state of the s |
| | | | Name of Agency | 2.5. Special of the state of th |
| 1. | 3. | A CONTRACTOR OF THE PARTY OF TH | Ivame of Agency | |
| | | /A == 1/4 Aliana | the same and the s | |
| 2. | 4. | | - | |
| PART 9. BUS | SINESS WITH STATE | AGENCIES | | |
| List each executive branch agency to which you or a me \$1,000 during the reporting period. If none, check the bo | mber of your immediate | family sold go | oods or services with | a value in excess of |
| None | - | | | ## CONTROL |
| Name of Agency | All in the second secon | | Name of Agency | |
| Name of Agency 1. MAI ENWMENT | 1 - 3 | aultent | -) | |
| 2. | 4 | 24.10. | · · | Water Company of the |
| 2002 | | | | |
| PART 10. INCOME RECE | | | | |
| List the type of economic activity representing each sou (ren) during the reporting period and the kind of income "D" for income received by dependents. | represented. Do not inc | or more rece lude gifts. Cir | elved by your spouse cle "S" for income red | or dependent child eived by spouse or |
| Type of Economic Activity Representing Source of Inc | come Received app | Circle propriate letter | Kind of Inc | :ome |
| 1. Ehrippmental Consu | Herr /s | / D | Sale | iiinaanii in tarii in tariinii in tarii |
| 2. | S | D | 200 | 0 |
| 3. | S | D | | |
| 4. | S | D | d in the second section of the section of the second section of the section of the second section of the section | manager 4.00 feet of the feet |
| | SIGNATURE | | | |
| A Legislator who willfully fails to file a required stater | ment is subject to a fir | ne of \$10 pe | business day until | the report is filed |
| (1 M.R.S.A. § 1017-A) | 3j. 36 11 | 2. 410 pc | 240mood day urtii | ше тероп в шеа. |
| The intentional filing of a false statement is a Class F | crime If the Commis | cian aanalud | an that it annually the | |

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Hem Wilson
Signature

1/3/08 Date

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| Please provide information you | any additional are providing. | information | below (and or | n additional shee | ts if needed). | Indicate the pa | art or section r | number for the |
| Part/Section Number | | | | | | COLCUMENT COLCUMENTS OF COLCUM | animatan je zamenima. An ini ini ini ini inije i Kalendarije zamenima i ini ini ini ini ini ini ini ini ini | |
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